

UNIVERSITY OF CHITRAL

EXAMINATION ADMISSION FORM FOR SEMESTER STUDENTS

Picture

Exam Type (Tick)			Fresh				Re-Appear						Improvement				
Name of Institution																	
Depar	Ser	Semester															
Name																	
CNI C	No.					-									_		
Father's Name																	
Cell No								Email Address									
Last Roll No			_ Exan	pring		Fall				Year							
EXAMINATION DATA:																	
Detail of Examination passed on the basis of which appearing in the examination applied for:																	
Name of Examination			Roll No		Year	N	Mark Obtained		ed	Max Marks		Board/University					
SUBJECT IN WHICH TO APPEAR:																	
S.No.	Subject Name						S.No		Subject Name								
1.							5. 6.										
2. 3.							7.										
4.						8.											
4.							0.										
SUBJECT IN WHICH TO REAPPEAR (FOR REPEATERS ONLY WHEN ALLOWED)																	
S.No.	Subject Name Semester					S.No	o. Su	Subject Name Semest					ter				
1.							5.										
2.							6.										
3.							7.										
4	1						8	1					1				

DECLARATION

ISon/D of	
Hereby solemnly declare that the information given in the fore matter wrong information or concealments of facts, I shall be responsible for abide by the rules and bylaws of the examination of the University I deposited Rs	or the consequence. Further, I undertake of Chitral.
It is further declared that I have taken t	the required number of classes.
Counter Signature of Head of the Department/Institution Dated:	Signature of the Candidate Dated
 The following document must be attached with this form. a. An attested copy of DMC of the last examination. b. Three Attested Passport size recent coloured photograp c. Bank receipt of Rs	hs (for Ist semester fresh students only) mination fee. t concerned. ne Controller of Examination on or before
Roll No. Allotted Entered by In-Charge Registration:	ks.
Checked by Assistant Controller:	
Confirmed by CE/DCE:	